

nance the greatest part of medical care, whether in government, business or industry, are possessed of economic leverage which is potentially enormous compared with that of self-employed physicians (or other self-employed professionals for that matter) who find themselves disadvantaged because there is no employer with whom they can negotiate collectively under the law. This writer believes that the time has come for new legislation that will recognize the plight of self-employed professionals, who need to be able to negotiate collectively through their professional organizations with those who actually pay for the services that these professionals render to patients or clients who have public entitlement or other third party fiscal coverage for such services. This legislation would not only be fair, but, surely, in the long range, in the public's interest as well.

—MSMW

Therapy for Acromegaly, Cushing Disease and Nelson Syndrome

THE PAPER BY Lawrence and Linfoot elsewhere in this issue, describing the effects of proton beam therapy in the treatment of acromegaly, Cushing* disease, and Nelson syndrome in 429 patients with various pituitary neoplasms, is the largest series available on the use of this technique. One of the major difficulties in determining the efficacy of therapy used in the treatment of relatively uncommon conditions such as these is the lack of availability of a large enough series of patients followed carefully for a long enough time. This study of acromegaly and of Cushing disease used a highly significant number of patients. Unfortunately, for an adequate scientific evaluation, it was not possible to follow a similar control group. The authors do present data which indicate that survival of patients with acromegaly is substantially decreased compared with the expected survival of an age-matched population. The question that cannot be answered from these data is how different the treated group may be from a non-

treated group. The data presented are incomplete; for example, growth hormone levels are given for only 124 of 208 patients with acromegaly who were said to have been treated. It would be helpful if data were available to indicate whether survival was greater among those with normal growth hormone levels after therapy. Are the 10 percent who died during the course of the study those patients in whom the human growth hormone (HGH) levels were not adequately lowered by the procedure? It is of interest that there are few elevated HGH levels noted after about six years in the groups presented in their Figures 3 and 4. Was this due to continued action of the therapy over a relatively long time or the result of the death of those patients in whom levels of growth hormone had remained elevated?

There are several reports of smaller series using the alternative therapy for acromegaly, transsphenoidal pituitary surgical excision. In one recent report an adenoma was identified and removed in 27 of 28 patients; in 14 of 15 patients who were not cured by the procedure extrasellar extension had occurred.¹ In another study 16 patients underwent transsphenoidal operations for acromegaly, with satisfactory results in 12 who were followed for an average of 24 months. Failure was attributed to the possibility of locally invasive adenomas. Two patients required a second operation.² The authors of both of these studies concluded that transsphenoidal surgical excision is effective in the treatment of acromegaly. A third report describes 80 patients with acromegaly who had had this operation and whose cases had been followed for an average of 3.7 years. Complete regression or improvement occurred in 94 percent of the patients and tumors recurred in 5 percent. The mortality during the follow-up period was 7.5 percent.³ From these data we must conclude that pituitary microsurgical operations for acromegaly, although effective in most cases, leave a significant number not cured.

The data presented on the treatment of Cushing disease by proton beam irradiation indicate that better survival rates occurred than were found with acromegaly. Treatment by transsphenoidal pituitary microsurgical procedures in two studies resulted in successful removal of adenomas from 16 of 18 and 17 of 20 patients; however, the follow-up period was relatively short.^{4,5} In another recent review, experience with transsphenoidal pituitary microsurgical procedures for this

*THE WESTERN JOURNAL's style regarding eponyms is that they are not written in the possessive form; therefore, Graves disease, Ewing sarcoma and Paget disease. A explanation may be found on page 78 of the July 1978 issue.

condition was described in 24 patients, with a median follow-up of 12 months.⁶ Of this group, three patients with sella destruction and one with focal sella depression were not cured; and in two patients who initially had been considered cured reoperations were required. These data, which are consistent with those obtained at this institution, point to the difficulty of identifying and totally removing microadenomas that cause Cushing disease. Although it has been suggested that pituitary irradiation prevents the development of the Nelson syndrome, other studies have indicated that this is not true.⁷ Lawrence and Linfoot describe the development of this syndrome in two instances after treatment of Cushing disease with proton irradiation.

How should we, as physicians, treat our patients with these conditions? At present, therapy is probably determined to a considerable extent by the facilities available in a given area. It appears that the proton beam is an adequate form of therapy, but the data presented in the study under discussion are insufficient to allow firm conclusions. The distance that a patient is required to travel with resulting expense and inconvenience will probably continue to limit the use of this form of treatment. In those patients in whom extension of the tumor into the sphenoidal area is found or who fail to be cured adequately by the transsphenoidal approach, irradiation should be considered. It is unfortunate that neither form of therapy appears adequate for patients with suprasellar extension; therefore, early diagnosis and definitive therapy before development of such extension is highly desirable. In those patients in whom microsurgical procedures are unsuccessful for pituitary-dependent Cushing disease, pituitary irradiation and bilateral adrenalectomy are adequate alternatives.⁸⁻¹⁰ It is important that in centers where various forms of therapy are being used to treat these potentially fatal diseases, data concerning the efficacy of each approach be collected as well as information concerning the follow-up of patients. This information should be made available to practicing physicians.

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Self-Care as a Cost Containment Measure

ONE OF THE MORE RECENT in a long line of assumptions about health care costs is that if people can be instructed and trained to take care of themselves, this will reduce the cost of health care. One is reminded of other assumptions that have received popular credence and public support, both conceptually and fiscally. Two examples are "If more health care is given to more people this will reduce costs because people will be healthier and not need so much care" and "If more doctors are trained and brought into practice an oversupply of physicians will cause them to reduce their fees and this will solve the problem of the rising cost of health care." These and other measures have so far had an effect quite opposite to what their advocates intended—they have added to the overall cost of care, although probably with a benefit of better care for more people.

Self-care is now being touted as a cost control measure. A randomized trial of the effect of a self-care book on the number of visits to physicians, recently reported in *The Journal of the American Medical Association*,¹ concluded that a large-scale distribution of this self-care book did not result in significantly less dependence on physicians for treatment of acute medical problems, even though half of the families read most or all of the book, and more than a third used it to deal with a significant medical problem.

From this study it appears that there may be a trade-off, that is, emphasis on self-care may cause some to seek help from a physician less often, while others will be newly stimulated to call upon